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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	18712,334
	Filing Date	11/13/03
	First Named Inventor	Bill Riel
	Art Unit	3672
	Examiner Name	Daniel P. Stephenson
	Attorney Docket Number	20517.034

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

X Signature *William G. Riel*

Name Bill Riel

X Date OCTOBER 15, 2005 Telephone 419-869-7147 X

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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